



Pantovirus opens in US. Audience falls asleep.

Tue 6:22 am +00:00, 12 May 2026 3

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This attempted pandemic is the dullest so far with nothing noteworthy to talk about.
The script needs completely rewriting or the whole pantomime will die,
and the profits of the impresarios, who grew rich on DieQuick19 will crash.

Symptomatic Andes Hantavirus enters the US—while a potential very early treatment [CQ/ HCQ] is suppressed.

Meryl Nass from Meryl's CHAOS letter (Critical Health Analysis and OpinionS) <merylnass@substack.com>

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Symptomatic Andes Hantavirus enters the US—while a potential very early treatment [CQ/ HCQ] is suppressed. What about antibody treatment? What about other repurposed drugs?

Will we see treatments suppressed again? Info from the treatment and prophylaxis literature.

Meryl Nass
May 12



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Infectious Disease > Public Health

American Hantavirus Cruise Passenger Develops Symptoms, Transferred to Atlanta

— Spouse joins them in Atlanta as another PCR-positive patient remains under monitoring

by Kristina Fiore, Director of Enterprise & Investigative Reporting, MedPage Today

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A total of **18 passengers** from the cruise ship hit by a hantavirus outbreak arrived at the University of Nebraska Medical Center (UNMC) in Omaha for quarantine, but **a couple was transported to Emory University in Atlanta after one partner developed symptoms, officials said.**

Another passenger had previously tested PCR-positive for the virus, and while remaining asymptomatic, **was moved to UNMC's biocontainment unit** for monitoring.

The other 15 passengers are in UNMC's quarantine unit, where they all remain asymptomatic, officials said during a UNMC press briefing on Monday morning. They will continue to be assessed before any decisions are made about their next steps.

Previous reports indicated there were 17 American passengers; an additional passenger who has dual U.S. and U.K. citizenship opted to be repatriated into the U.S., officials said.

Also, of the two people who were transported to Emory, only one was symptomatic; the other was their partner, a UNMC spokesperson told MedPage Today. Brendan Jackson, MD, MPH, the CDC's acting director of the division of high-consequence pathogens and pathology, said the decision was made to preserve space in Nebraska's biocontainment unit for others who might need it.

Passengers range in age from their late 20s to late 70s or early 80s, UNMC officials said.

A French national also became symptomatic and tested positive for hantavirus as she was flying from Tenerife, Spain, to Paris after leaving the ship. She was in intensive care in stable condition at a Paris hospital on Monday. French passengers who returned with her on Sunday have tested negative but remain in isolation at the same hospital.

UNMC has the only official national quarantine unit in the U.S., according to John Knox, the principal deputy assistant secretary for preparedness and response at the Administration for Strategic Preparedness & Response (ASPR). It has "extensive expertise in handling special pathogens" and has participated in responses including the 2014 Ebola outbreak and the early days of the COVID-19 pandemic.

The quarantine unit is "much more like a hotel than a patient care space," set up like a living space with exercise equipment, television, and other comforts, said Angela Hewlett, MD, an infectious disease physician and medical director of the UNMC biocontainment unit.

The passengers will remain there "at least a few days while we do assessments" and then coordinate their next steps, Jackson said. For those who remain asymptomatic, the decision about where to quarantine will rest with them, Jackson said, noting they "have the option to stay here for the entire 42-day period if that's the safest and most effective option for them."

Jackson noted that 42 days is "the maximum incubation seen with Andes virus" and "most people who end up infected with this virus will develop symptoms much sooner than that, so it's a conservative timeframe."

Assessments for whether people can safely quarantine at home include questions about whether passengers can contact their state public health department for testing if needed, and that they have access to appropriate levels of care near their home. If they do return home, they will be escorted under appropriate circumstances from start point to endpoint, officials said.

Hewlett noted that being able to access critical care is essential with hantavirus disease, which can involve rapid decompensation.

"We do think that being able to provide aggressive measures to people can change outcomes, and that's the importance of being close to this type of care ... should they need it," she said.



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Michael Wadman, MD, an emergency physician and medical director of Nebraska's quarantine unit, echoed that it offers vast benefits to passengers who opt for it: "the best teams, the best policies and procedures, the best training, and the experience we've had over the years to provide this care in a safe manner — that track record is one of the things that sets us apart."

"If I was exposed to this and I had the option to stay in a quarantine unit proximate to that care, I would definitely take that, because you're putting yourself in a position, if you were to turn positive, to take advantage of all those things that will give you the best chance of survival," he said.

Both UNMC and Emory University are among the country's 13 Regional Emerging Special Pathogen Treatment Centers (RESPTCs), which ASPR established "over the years to prepare for high-consequence infectious disease outbreaks, with trained personnel ready to safely manage situations like this," Knox said.

Jackson added that the **seven American passengers who previously disembarked the ship on St. Helena, a remote island off the western coast of Africa, on April 24 — as first reported by MedPage Today — have all been contacted and state health departments are monitoring them on a daily basis**, conducting symptom and temperature checks. They live in Arizona, California, Georgia, Texas, and Virginia.

In the early morning hours on Saturday, the CDC issued a Health Alert Network health advisory to healthcare professionals about being aware of the potential for imported cases of hantavirus disease in connection with the outbreak.

When asked whether he can guarantee that no Americans will catch the virus from passengers who have returned to the U.S., Jackson said, "There are no guarantees in life."

"We are putting as many measures in place as possible to ensure that people are safe and healthy, and that we keep the community safe and healthy as well," he said.

Here is some info on prophylaxis and treatment. It seems **prophylaxis** is reasonably well developed, and all those exposed on the ship should be offered prophylactic drugs. Effective **treatment** may be a different kettle of fish—but the concept regarding treatment is just to keep the patient alive (with whatever it takes: ventilator or oxygen, ECMO, etc.) until the immune system fights off the virus, when full recovery is possible.

Belgian scientists showed that **chloroquine** prevented Andes Hanta infection in 2021.

Fort Detrick scientists edited, reviewed and approved the study for publication.

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Front Cell Infect Microbiol. 2021 Mar 15;11:580532. doi: [10.3389/fcimb.2021.580532](https://doi.org/10.3389/fcimb.2021.580532)

Chloroquine, an Anti-Malaria Drug as Effective Prevention for Hantavirus Infections

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Abstract H/T to Dr. Martin Zizi for identifying this paper. https://x.com/MartinZ_uncut/status/2053671364129849636

We investigated whether chloroquine can prevent hantavirus infection and disease *in vitro* and *in vivo*, using the Hantaan virus newborn C57BL/6 mice model and the Syrian hamster model for Andes virus. *In vitro* antiviral experiments were performed using Vero E6 cells, and Old World and New World hantavirus species. Hantavirus RNA was detected using quantitative RT-PCR. For all hantavirus species tested, results indicate that the IC₅₀ of chloroquine (mean 10.2 ± 1.43 μM) is significantly lower than the CC₅₀ (mean 260 ± 2.52 μM) yielding an overall selectivity index of 25.5. We also investigated the potential of chloroquine to prevent death in newborn mice after Hantaan virus infection and its antiviral effect in the hantavirus Syrian hamster model. For this purpose, C57BL/6 mother mice were treated subcutaneously with daily doses of chloroquine. Subsequently, 1-day-old suckling mice were inoculated intracerebrally with 5 × 10⁵ Hantaan virus particles. In litters of untreated mothers, none of the pups survived challenge. The highest survival rate (72.7% of pups) was found when mother mice were administered a concentration of 10 mg/kg chloroquine. Survival rates declined in a dose-dependent manner, with 47.6% survival when treated with 5 mg/kg chloroquine, and 4.2% when treated with 1 mg/kg chloroquine. Assessing the antiviral therapeutic and prophylactic effect of chloroquine in the Syrian hamster model was done using two different administration routes (intraperitoneally and subcutaneously using an osmotic pump system). Evaluating the prophylactic effect, a delay in onset of disease was noted and for the osmotic pump, 60% survival was observed. Our results show that chloroquine can be highly effective against Hantaan virus infection in newborn mice and against Andes virus in Syrian hamsters.

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Review

Progress on the Prevention and Treatment of Hantavirus Disease

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Here are the vaccines and drugs that have been studied:

Table 1. Hantavirus candidate vaccines. ANDV: Andes virus; DOBV: Dobrava virus; HTNV: Hantaan virus; PUUV: Puumala virus; VACV: vaccinia virus; VSV: Vesicular stomatitis virus.

Candidate Vaccine	Vaccine Type	Date of Last Publication
VACV-vectored HTNV (USA)	Virus-vectored recombinant	2000
PUUV N, ANDV N, DOBV N (Sweden)	Recombinant N protein	2002
DOBV N (Germany)	Recombinant N protein	2004
HBcdDOB120, HBcdHTN120, HBcdPUU120 (Germany)	Chimeric core particles	2005
Nonreplicating VSV/HTNV pseudotype (Japan)	VSV pseudotype	2006
DOBV N, PUUV N (Belgium)	Recombinant N protein	2008
Ad-vectored ANDV (USA)	Virus-vectored recombinant	2009
VSV-vectored ANDV (USA)	Virus-vectored recombinant	2011
HTNV DNA, PUUV DNA (gene gun, USA)	Nucleic acid-based molecular	2012
pVAX-LAMP/Gn, pVAX-LAMP/Gc (China)	Nucleic acid-based molecular	2018
HFRS Vaccine (China)	Inactivated	2018
Hantavax® (Republic of Korea)	Inactivated	2019
CD40L and GM-CSF HTNV VLPs (China)	VLP	2019
HTNV DNA, PUUV DNA (IM-EP, USA)	Nucleic acid-based molecular	2014 and ongoing clinical trial (S-14-01 2085, NCT02116205)
HTNV DNA, PUUV DNA (Pharmajet Stratis®, USA)	Nucleic acid-based molecular	Ongoing clinical trial (S-15-40 2289)
ANDV DNA (Pharmajet Stratis®, USA)	Nucleic acid-based molecular	Ongoing clinical trial (16-0119, NCT03682107)
HTNV DNA, PUUV DNA (IM-EP, ID-EP, USA)	Nucleic acid-based molecular	Ongoing clinical trial (S-15-39, NCT03718130)

Table 2. Hantavirus candidate drugs.

Candidate Drug	Drug Type	Date of Last Publication
Ribavirin	Nucleoside analog	2017
Lactoferrin	Iron-binding protein	2001
ETAR	Nucleoside analog	2008
Favipiravir	Pyrazine derivative	2013
Vandetanib	Tyrosine kinase inhibitor	2016
Methylprednisone	Corticosteroids	2013
JL16, MIB22	Monoclonal antibodies	2018
Human convalescent plasma	Polyclonal antibodies	2015
Purified human plasma from transchromosomal bovine	Polyclonal antibodies	2014

Conclusions

The number of hantavirus disease cases each year warrants the development of medical countermeasures to combat infection from these viruses. However, the number of cases each year do not necessitate a widespread vaccination strategy outside of endemic areas except in the case of military conducting operations in these areas. Therefore, it is imperative to work towards the goal of a vaccine and an antiviral that could be used individually or in combination. **An antiviral, such as a polyclonal antibody therapy, would provide instant immunity** while vaccination could provide long-lasting immunity. Vaccination would also prevent the spread of ANDV, the only hantavirus with demonstrated person-to-person transmission. Antiviral treatment and vaccination is a strategy currently used for rabies virus infection that could be applied to hantavirus infections. **The timing of treatment intervention presents a challenge for hantavirus disease, especially cases of HPS.**



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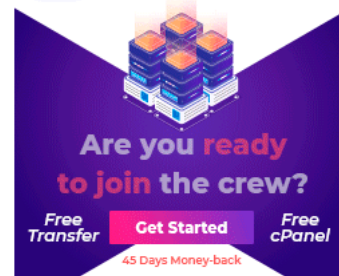


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Animal models have repeatedly shown that antivirals are not effective if administered after the onset of viremia. The prodrome phase can be difficult to differentiate from other febrile illnesses, hampering early intervention efforts. Continued work is required to determine if there are early host responses that can be used to support a hantavirus diagnosis. Additionally, the lack of an HFRS disease model that faithfully recapitulates the salient features of human HFRS disease is hampering medical countermeasure development efforts. Current infection models have utility for testing vaccines and antivirals in which sterile immunity can be used as an output. The unavailability of a model that can be used to evaluate antivirals targeting specific aspects of pathogenesis, postexposure prophylactics, or therapeutics is a major shortcoming of the field. The advancement of several vaccines into clinical trials is promising for the future use of these vaccines as licensed products or in emergency use. There are several path-to-licensure issues that must be overcome, reviewed in [95]. These include limited site for Phase III efficacy trials, lack of significant government and industry investments, and current limitations to the use of "animal rule." Continued research efforts are necessary to propel more antiviral products towards clinical trials. Viruses 2019, 11, 610 9 of 14 The need for these medical countermeasures perpetuates as outbreaks around the world continue to occur.

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Below is a 2007 summary of antibody therapy experiments in animals, with good results. There is a strange coincidence. Gene Hackman's wife, pianist Betsy Arakawa, is said to have died from an untreated hantavirus infection. One of the authors of a study on antibody treatment for hantavirus was named Arikawa.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC2810485/>

At present, there have been no published reports of controlled clinical trials of immunotherapy for HFRS or HPS. However, studies in mice, hamsters and rats have indicated that passive transfer of neutralizing mAbs or polyclonal sera to HTNV can passively protect animals from challenge with the same virus (Arikawa et al., 1992; Custer et al., 2003; Schmaljohn et al., 1990; Xu et al., 2002; Zhang et al., 1989). HTNV Gc-specific neutralizing mAbs, administered up to 4 days after challenge protected hamsters from infection, and up to 2 days after challenge protected suckling mice from lethal disease (Liang et al., 1996; Xu et al., 2002). Similarly, hamsters treated with immune plasma from ANDV patients and deer mice treated with plasma from SNV patients were protected against homologous virus challenge (Custer et al., 2003; Medina et al., 2007). Post-exposure administration of antibodies has been shown to confer protection. Passive transfer of sera from rhesus macaques, vaccinated with a DNA vector expressing the ANDV M segment, protected hamsters against lethal challenge with ANDV (250 LD₅₀) even when administered 5 days after challenge (Custer et al., 2003). Hamsters treated with immune serum 1 day before challenge with ANDV were either sterilely protected or developed HPS after several weeks; the late deaths were probably caused by the emergence of virus that was not eliminated by the passive antibody treatment (Custer et al., 2003). These data suggest that a post-exposure prophylaxis regimen consisting of passive immunoprophylaxis and active vaccination would be effective for HPS, as has been shown for other viral diseases such as rabies, hepatitis A and B, and varicella (Sawyer, 2000).

Finally, regarding whether hantaviruses are considered potential biowarfare agents, the answer is YES. Here is an article about them coauthored by Marion Koopmans, who was one of the participants in the Feb. 1, 2020 Fauci and Farrar phone call to concoct a cover story for COVID.

[Review](#) > [Neth J Med.](#) 2015 May;73(4):155-60.

Seoul hantavirus in brown rats in the Netherlands: implications for physicians--Epidemiology, clinical aspects, treatment and diagnostics

M Goeijenbier ¹, J Verner-Carlsson, E C M van Gorp, B Rockx, M P G Koopmans, Å Lundkvist, J W B van der Giessen, C B E M Reusken

And apparently hantaviruses have, at times, been included in the Select Agent list, even though they are not currently listed. And Fort Detrick has been working on them for decades.



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3 Responses to “Pantovirus opens in US. Audience falls asleep.”



Belyi says:

12 May 2026 07:50

Keeping the immune system strong is a lifelong task, but it doesn't necessarily figure on everyone's agenda.

When I was in Egypt in 1987, I travelled on feluccas for a couple of weeks with about 30 other people, nobody was ill although the boatmen prepared the food and their hygiene was doubtful to say the least.

However, even then we were hearing stories about people on cruise boats falling ill; in fact everyone I knew who had been on one of those boats had a story to tell.

Now with the boats getting larger and larger, cruising isn't something that only the richest people can afford.

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Kneepad says:

12 May 2026 15:56

The huge list of side effects from the Pfizer shot, well over 1200 hundred from memory, contains, on page 38, 'hantavirus.' The original meaning of the word virus actually meant 'poison,' with it's true meaning being manipulated to mean, a microscopic organism that can cause disease, but these things have never been proven to exist. Although I have not been able to confirm it's validity, maybe others can, a bit like NASA is supposed to mean 'to deceive' in Hebrew, I have heard 'hanta' is supposed to translate to fake/false in the same language, can anyone confirm or otherwise.

Until a film star recently 'died' from hantavirus, I had never heard of it before, but with the amount of rats in this country it should be the most common disease we get. I watch an 18 month old baby crawl round the garden at the back of my place, picking up bits of grass, leaves, and other articles from the garden and put them to her lips. That same garden come darkness will have rats and mice all over the place. The same anyone eating out on grass in parks and gardens, yet I know of not 1 single person who has had hantavirus, ever.

I moved from Liverpool 2 years ago next week and moved to the Wirral, but where I was in Liverpool, was totally over run with rats, the day time was bad enough, the night time was like a Pied Piper type swarm, the rats were all over the streets, in the wheelie bins and inside the homes under the ground floors, the cats were scared to go out even, the poor buggers couldn't cope, there were that many rats, but no hantavirus ill people. As you are well aware, there are no viruses, they have never been proven to exist, but like the start of Covid, they have dumped these infected people in the very same hospital, which is now local to where I live here on the Wirral. Take a bow Arrowe Park Hospital, the most evil satanic hospital in this country. Again taking huge amounts of government money to help perpetuate this fraud, oh, and they killed my Father too, in 2021, by way of the LCP (Liverpool Care Pathway.)

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pete fairhurst 2 says:

12 May 2026 10:33

"This attempted pandemic is the dullerest so far with nothing noteworthy to talk about.

The script needs completely rewriting or the whole pantomime will die,

and the profits of the impresarios, who grew rich on DieQuick19 will crash." Well said....

According to the Beeb last week then, the so called "virus" is actually breathing in dry rat droppings it seems. Not a good idea at all I'd imagine

The Telegraph was more honest, calling it the rat virus ship rather than Hantavirus ship everywhere else

"Pantovirus" seems far more appropriate

Of course modern ships never have rats on board do they? Ha ha

In fact they've never isolated any virus, ever

They changed the meaning of the word "isolation" to pretend that has been achieved. Some geezer got a Nobel for that in the 1950's

Although his idea of isolation was the reaction achieved when adding the "virus" to a toxic drug cocktail. So not isolated at all in the real meaning of the word

Whenever they say "isolated" they are relying on nobody noticing that is was NOT isolated in reality. After all he got a Nobel didn't he and that process is lilywhite isn't it? And if you believe that then I've got a bridge to sell you

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